

10275
/65

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

OF DEATH
AND
RESIDENCE

1. PLACE OF DEATH A. COUNTY COCHISE		B. LENGTH OF STAY IN THIS TOWN 60 yrs IN ARIZONA 60 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY COCHISE	
C. CITY OR TOWN DOUGLAS		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN TOMBSTONE	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COCHISE COUNTY HSPITAL.				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 401 E FREEMONT	
				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST)		B. (MIDDLE)		C. (LAST)		4. SEX		5. COLOR OR RACE		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
			ESTELLA		McRAE		BEATTIE		FE		WHITE		WIDOWED	
6B. NAME OF SPOUSE			7. DATE OF BIRTH			8. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)	
NONE			MONTH DAY YEAR MAR 3 1884			80							HOUSEWIFE	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)			13. SOCIAL SECURITY NO.				
HOME		ARIZONA		U.S.A.			NO			NONE				
14A. FATHER'S NAME				14B. BIRTHPLACE (STATE OR COUNTRY)			15A. MOTHER'S MAIDEN NAME					15B. BIRTHPLACE (STATE OR COUNTRY)		
ALMA PLATTE SPILSBURY				UNKNOWN			JAME SMITH					ENGLAND		

USE
OF
ATH
(A 18)

16. INFORMANT'S SIGNATURE <i>Thida Medigunch</i>		Tombstone, Ariz.		17. DATE OF DEATH NOVEMBER 22		(MONTH)		(YEAR) 1964	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† (A) <i>ACUTE CONGESTIVE HEART FAILURE</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>ARTEROSCLEROTIC HEART DISEASE</i> DUE TO (C) <i>GENERALIZED ARTEROSCLEROSIS</i> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>OBESITY - HEMIPLEGIA -</i>						INTERVAL BETWEEN ONSET AND DEATH <i>6 Hours -</i> <i>10 hrs -</i> <i>15 hrs -</i>	

DISCUSSION

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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CATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-5 -, 1964, TO 11-22, 1964, THAT I LAST SAW THE DECEASED ALIVE ON 11-22, 1964, AND THAT DEATH OCCURRED AT 7:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Houston M.D.</u>	(DEGREE OR TITLE) <u>M.D.</u>	22B. ADDRESS <u>948 P. AVE. DOUGLAS, ARIZ.</u>	22C. DATE SIGNED
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DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	(SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

OWNER'S EDUCATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE NOV. 25, 1964	25C. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) BISBEE, ARIZONA
26A. DATE REC. BY LOCAL REG. 12-4-64	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27B. ADDRESS BISBEE, ARIZONA